OLPECT TO ANCMITTAL	Complete if Known					
O PER TRANSMITTAL	Application Number	10/751,254				
or FY 2005	Filing Date	January 2, 2004				
	First Named Inventor	Ryan Lee Hensley, et al.				
Effective 101, 2004. Patent fees are subject to annual revision.	Examiner Name	Árpád Fábián Kovács				
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	3671				
TOTAL AMOUNT OF PAYMENT (\$) 120	Attorney Docket No.	3191J-000045				

TOTAL AMOU	0	Attorr	Attorney Docket No. 3191J-000045						
METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)				
				3. Al	DDITIO	NAL FE		ALCOURTION (COMMISSO)	
☑ Check ☐ Cr	redit card	Money Other	□ None		e Entity		all Entity	¥	
Order Deposit Account:				Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
Deposit		 		1051	130	2051	65	Surcharge - late filing fee or oath	
Account Number	08-0750	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.			
					130	1053	130	Non-English specification	
Deposit Account Hamasa Bickey & Bioma BLC			1812	2,520	1812	2,520	For filing a request for reexamination		
Account Hamess, Dickey & Pierce, PLC Name					920*	1804	920*	Requesting publication of SIR prior to Examiner action	
The Director is authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☑ Credit any overpayments					1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
Charge any addit 1,16 and 1,17	tional fee(s) or ar	ny underpayment of fe	es under 37 CFR	1251	120	2251	60	Extension for reply within first month	120
1.15 and 1.17 ☐ Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.					450	2252	225	Extension for reply within second month	
10 1110 400 10 100 1111	******	ALCULATION		1253	1020	2253	510	Extension for reply within third month	
		ALCOLATION		1254	1,590	2254	795	Extension for reply within fourth	<u> </u>
	LING FEE			1	.,000		, 50	month	1 1
	Small Entity			1255	2,160	2255	1080	Extension for reply within fifth month	
		Fee Description	= - B-14	1401	500	2401	250	Notice of Appeal	
, , , , , , , , , , , , , , , , , , ,	ode (\$)		Fee Paid	1402	500	2402	250	Filing a brief in support of an appeal	
1		Utility filing fee		1403	1000	2403	500	Request for oral hearing	
		Design filing fee	<u> </u>	1452	500	2452	250	Petition to revive – unavoidable	
		Plant filing fee		1453	1500	2453	750	Petition to revive – unintentional	├── ┤
		Reissue filing fee		1501	1400	2501	700	Utility issue fee (or reissue)	
1005 200 20	005 100 i	Provisional filling fee		1502	800	2502	400	Design issue fee	
	SUBTOTAL	1 /4\	(6) (1460	130	1460	130	Petitions to the Commissioner	
<u> </u>	3001017	- (1)	(\$) 0	1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
2. EXTRA CLA	M FEES FOR	R UTILITY AND R	EISSUE					Submission of Information Disclosure	├
		Extra Fee fro		1806	180	1806	180	Stmt Story of Michigan Disclosure	1. []
Total Claims	20 ··· = [Claims v below	Paid 0	8021	40	8021	40	Recording each patent assignment per property (times number of	
Independent Claims	-3** =	0 X	= 0	1809	790	2809	395	properties) Filing a submission after final rejection (37 CFR § 1.129(a))	,
Multiple Dependent			= 0	1810	790	2810	395	For each additional invention to be	
Large Entity Fee Fee	Small Entity Fee Fee			1801	790	2801	395	examined (37 CFR § 1.129(b)) Request for Continued Examination	
Code (\$)	Code (\$)				ı	1		(RCE)	<u> </u>
1202 50	2202 25	Claims in excess	of 20	Other f	fee (speci	ify)			
1201 200	2201 100			*Redu	iced by F	Basic Fillr	ng Fee I	Paid SUBTOTAL (3) (\$)120	,
1203 360	2203 180		nt claim, if not paid	4. SE	EARCH	/EXAMI	NATIO	ON FEES	
		** Paissus Indone	endent claims over	1111	500	2111	250	Utility Search Fee	
1204 200	2204 100	original patent		1112	100	2112	50	Design Search Fee	
1205 50	2205 25	2205 25 ** Reissue claims in excess of 20 and over original patent		d 1113	300	2113	150	Plant Search Fee	
				1114	500	2114	250	Reissue Search Fee	
	SI	UBTOTAL (2) (\$)		1311	200	2311	100	Utility Examination Fee	
		UBTOTAL (2) (\$) (,	1312	130	2312	65	Design Examination Fee	
				1313	160	2313	80	Plant Examination Fee	\vdash
		1314	600	2314	300	Reissue Examination Fee	 		
***************************************						SUBTOTAL (4) (\$)0	┸┯┦┃		
**or number previously paid, if greater; For Reissues, see above									
SUBMITTED BY								Complete (if applicable)	
			Registration No.						
Name (Print/Type)	J.M. Lafat	ta / J.L. Snyder	(Attorney/Agent)		37,	,166 / 43,14	41	Telephone 248 641-1600	